

ETHICS DISCLOSURE STATEMENT CONFLICTS OF INTEREST – DECISIONS AND VOTING

STATE ETHICS COMMISSION

FEB 1 2022

State Form 55860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

FILED

In accordance with IC 4-2-6-9, you must f days after the conduct that gives rise to the agency appointing authority and ethics of General's website.	ne conflict. You must also	include a copy	of the notification p	provided to your
Name <i>(last)</i> Gallo Selasco	Name (first) Pablo		Name (middle) Christian	
Name of office or agency Indiana Commission on Hispanic and Latino Affairs		Job title Commissioner		
Address of office <i>(number and street)</i> 100 North Senate Avenue, Room N300		City Indianapolis		ZIP code 46204
Office telephone number (765) 423-2691	Office e-mail address (re	• •		

Describe the conflict of interest: I am a Special State Appointee who was appointed to serve as a commissioner on the Indiana Commission on Hispanic and Latino Affairs board. I am also a Director at the Immigration Clinic at Lafayette Urban Ministry (LUM), a non-profit organization. ICHLA awards grant funding to non-profit organizations that address Hispanic and Latino community issues. LUM advocates for just laws in regards to workforce and civil rights. LUM's Immigration Clinic helps individuals from other countries, who are legally in the United States, navigate the Immigration and Naturalization Services. As a non-profit, LUM's funding sources include grant awards from organizations like ICHLA.

Describe the screen established by your ethics officer: (Attach additional pages as needed.) Any LUM grant application to ICHLA, and possible voting and awarding, would be a conflic	t of interest for me and would
require screening. In the event that LUM applies for any future grant from ICHLA, I will be	prohibited from participating in
any decisions or votes, or matters related to decisions or votes, in which I or LUM would have	ave a financial interest. In the
event I learn LUM will apply for an ICHLA grant, I will file a Conflicts of Interest - Contract D	Disclosure Statement prior to
LUM applying for and ICHLA awarding any grant funds to LUM in order to fully comply with	Ind. Code §4-2-6-10.5. Further
I will work with the Indiana Civil Rights Commission's Ethics Officer and ICHLA's Director to	o ensure this established screen
is followed.	
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AFFIRMATION	
Your signature below affirms that your disclosures on this form are true, complete, and conknowledge and belief. In addition to this form, you have attached a copy of your written discovered to the contract of the contract	
appointing authority and ethics officer.	
Signature of state officer, employee or special state appointee	Date signed (month, day, year) 01/26/2022
Printed full name of state officer, employee or special state appointee Pablo C Gallo Selasco	
FOR ETHICS OFFICER USE ONLY	
Your signature below affirms that you have reviewed this disclosure form and that it is true	, complete, and correct to the
best of your knowledge and belief. You also attest that your agency has implemented the	
Signature of ethics officer	Date signed (month, day, year)
Stephanie Slove Printed full name of ethics officer	
Stephanie Slone, Esq.	

Baker, Nathaniel P

From:

Slone, Stephanie N

Sent:

Tuesday, February 1, 2022 4:54 PM

To:

IG Info

Subject:

FW: Notification of potential conflict-of-interests

From: Slone, Stephanie N

Sent: Tuesday, February 1, 2022 4:43 PM

To: info@iog.in.gov

Cc: Mulligan, Tiffany M <TMulligan@ig.IN.gov>; Wilson, Gregory L <GWilson@icrc.IN.gov>

Subject: Notification of potential conflict-of-interests

Good afternoon. I am the Ethics Officer for the Indiana Civil Rights Commission. I submitted a conflict-of-interests disclosure statement to the OIG today. I am emailing to confirm Executive Director of the Indiana Civil Rights Commission has been notified of ICHLA Commissioner Gallo's potential conflict-of-interests and the submitted disclosure statement.

Many thanks, Stephanie

Stephanie Slone, Esq.

Director of Special Projects
Indiana Civil Rights Commission
100 North Senate Avenue, Room N300
Indianapolis, IN 46204

office phone: 317.233.6144 toll-free: 800.628.2909 fax: 317.232.6580

email: <u>Sslone1@icrc.in.gov</u> web: <u>www.in.gov/icrc</u>



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